PTC/SB/06 (U8-03)
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Substitute for Form PTO-875								091	955.6	57
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR NUMBER FILED		R FILED	NUMBER EXTRA		Г	RATE	FEE		RATE	FEE
BASIC FEE (37 CFR 1.16(a))					Г		\$	QR		5
TOTAL CLAIMS					X	\$ · =		OR	x \$=	
INDEPENDENT CLAIMS		minus '3			١,			OR	x s	
(3) CPR (, (dol))								OR		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(d))						•			-07.11	
* If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL		OR	TOTAL .	
CLAIMS AS AMENDED - PART II										
9-6-05 (Cotumn 1) (Cotumn 2) (Cotumn 3)				_	SMALL E	NTITY	OR	. SMALL		
V ⊢Z	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total (37 CFR 1.55(ci) Z Independent (37 CFR 1.55(ci)) Expert PRESENT	25	euniM	53	•	T	K \$=		OR	× 8=	
Z Independent	10	Minus	6	•//	1 [× \$=		OR	x \$=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					1 [+ 5 +		OR	+ \$	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	•
106110										
10 Cal A	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total STORR 1.16(c) Independent (STORR 1.16(c)) WE FREST PRESEN	25	Minus	53	=	1	x \$=		OR	x s	
Z Independent	1.6	Minus	" 10	•	1 [× s =/		OR	x s	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					1 [+,		OR	+5	
1,56,58,60,61,62					., L	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
	(Column 1)		(Column 2)	(Cotumn 3)	- F			٦		
O H	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE]	RATE	ADDI- TIONAL - FEE
Total (32 CPR 1.15(cl))	•	Minus	**	3] ·[x s=	<u> </u>	OR	x \$=	
Total (promunde) Uniquendeni (promunde) Uniquendeni (promunde)		Minus	***	•	brack brack	x s=		OR	x s=	
FRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ \$=		OR	+ 5	<u> </u>
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".										

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to fite (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form end/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademart Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. OO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND.TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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